Medicare Managed Care Manual

Chapter 20 - Plan Communications Guide

Section 1 - Introduction

(Rev. 40, 11-14-03)

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1.1 - Overview

(Rev. 40, 11-14-03)

The Plan Communications User's Guide provides information regarding access to and transmission/receipt of data from the managed care systems located at the CMS Data Center.

Medicare + Choice organizations (M+C organizations) that contract with CMS to provide health care services to Medicare beneficiaries must establish a telecommunications link to the CMS Data Center in order to transmit beneficiary enrollment, disenrollments, and correction data for processing each month. In addition, M+C organizations can view their data and its disposition via the Managed Care Option Information (MCCOY) system and can access their enrollment and payment reports via the GHP Report Output User Communication Help (GROUCH) system.

NOTE: The CMS Managed Care systems are sometimes referred to as the Group Health Plan (GHP) system.

This guide will also provide instructions on how M+C organizations can access the Common Working File (CWF) and utilize the Medicare beneficiary information to facilitate the submittal of enrollment and other membership data. The information that is accessible through the CWF includes Part A and Part B eligibility, Working Aged, ESRD, and Hospice.

1.2 - CMS Data Center Communications

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According to the CMS Data Center, there are three primary ways to exchange data with the CMS Data Center:

1. For interactive queries of the 3270-type, small reports under 20 pages, and volume file transfers of one to five megabyte, the required package is ATT Global Network Services (AGNS) and Internet Explorer 4.0 or higher, with 128-bit encryption capability.

   To access the CMS Data Center, you need an CMS Data Center User ID and password, and an accounting code. To receive the CMS Data Center User ID and password, fill out the "Request for Access to the CMS Data Center" form (see Appendix B for form and instructions) and send it to:

   > "Your CO Contact" (as identified in Appendix H)
   > Room C4-14-21
   > 7500 Security Boulevard
   > Baltimore, MD 21244

   The entire form must be legible to be valid.

2. For interactive queries of the 3270-type, large reports 50 to 100 pages, and medium volume file transfers of 5 to 20 megabytes, the package of choice is NDM-PC(Network Data Mover - Personal Computer Version - see §2). NDM offers 3270 emulation and a superior file transfer capability.

   To access the CMS Data Center, you need an CMS Data Center User ID, and password and an NDM ID. To receive the CMS Data Center User ID and password, fill out the "Request for Access to the CMS Data Center" form and send it to your CO Contact (as identified in Appendix H).

3. For interactive queries of the 3270-type, large reports over 50 pages, and large volume file transfers over 20 megabytes, the required package is NDM Mainframe (Network Data Mover - Mainframe Version) from Sterling Software. NDM offers 3270 emulation and a superior file transfer capability.

1.3 - Specifications for Modems

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The following specifications provide the modem requirements that meet communication needs:

Asynchronous, synchronous, internal or external operation at 56 kilobytes per second (kb) full duplex over a two-wire dial-up line.

1.4 - Points of Contact

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AGNS/MDCN CONNECTIVITY

Any telephone problems or problems you are experiencing in connecting with AGNS should be directed to:

> AGNS/MDCN Help Desk
> 1-800-905-2069

CMS DOMAIN ACCESS

Please refer to Appendix H for the latest contact information.

HPMS ACCESS

Any HPMS problems you are experiencing should be directed to:

> Don Freeberger: 410-786-4586

RACF / USER QUESTIONS & OPERATIONAL/DATA ISSUES

Please refer to Appendix H for the latest contact information.

MANAGED CARE RELATED WEB SITES

> http://cms.hhs.gov/healthplans/systems

STERLING COMMERCE (NETWORK DATA MOVER/NDM)

> http://www.sterlingcommerce.com/

> 1-800-292-0104

1.5 - Flow of the Plan Communications Guide

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The Plan Communications User Guide includes the following information:

- **Section 1 - Introduction** provides general information about communications between CMS and the Managed Care Plans. This Section explains how to exchange data with the CMS Data Center and who to contact regarding policy, procedural, and system questions.

- **Section 2 - NDM User Instructions** provides information on how to transmit and receive GHP enrollment, disenrollment, and correction information through the use of NDM software. This Section includes instructions for using NDM software for the mainframe and the PC .

- **Section 3 - Logging onto the CMS Data Center** provides information about the hardware and software you need to communicate with the CMS Data Center. This Section also describes your responsibilities as an CMS Data Center user, and tells you what to do and who to contact in case a communications problem occurs.

- **Section 4 - Data Transmission Using Host on Demand** provides detailed instructions on how to use the AGNS-Dialer utility software to upload enrollment and disenrollment records from your PC to the CMS Data Center.

- **Section 5 - Using MCCOY** provides detailed instructions on how to use the online MCCOY database system to view GHP beneficiary information, input Working Aged transactions, and receive electronic file transmissions.

- **Section 6 - Using the GROUCH System** provides detailed instructions on how to use the online GROUCH system to select GHP reports for electronic transmission.

- **Section 7 - M+C organization Access to PICS** provides basic instructions for the M+C organizations to update their contact and address information in the Plan Information Control System (PICS).

- **Section 8 - Using the Common Working File** provides basic instructions for the M+C organizations to view beneficiary information, MSP, and Hospice information.

The Appendices contain a wealth of supplementary information pertaining to Plan Communications, including the following topics:

- **Appendix A - Glossary of Terms** contains a list of acronyms used throughout this User Guide and their definitions.

- **Appendix B - Request for Access to the CMS Data Center** contains a copy of the form that is used to request access to the CMS Data Center.

- **Appendix C - Record Layouts** contains the record layouts for the various Managed Care files.

- **Appendix D - Transmission Schedule** identifies the recommended times to transmit data.

- **Appendix E - Explanation of Messages** identifies the messages you may receive once your data is transmitted to the CMS Data Center.

- **Appendix F - MSP Error Codes** lists the MSP transaction error codes and their descriptions.

- **Appendix G - Adjustment Reason Codes** lists the current codes that identify types of adjustments that are displayed on the Monthly Membership Report.

- **Appendix H - CMS Contact Information** lists Central Office contacts for policy and technical information.

- **Appendix I - GHP Monthly Schedule** list the data submission cutoffs and the days MCCOY will be unavailable.

1.6 - GHP Monthly Processing Cycle

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There is a monthly cycle associated with the processing of beneficiary enrollment, disenrollments, and correction data and the computation of M+C organization payments. For illustration purposes, it can be divided into three parts.

Part One

- M+C organizations transmit beneficiary enrollment, disenrollment and correction (to identify Medicaid and Institutional statuses) transactions to the CMS Data Center via Network Data Mover (NDM) or the AGNS/HOD.

- M+C organizations transmit to a dataset at CMS named TXXX.@BGD5050.TRANSFER.DATA.

- M+C organizations execute a GHP job stream: EX 'OG00.@BGD5080.JCLLIB(EFTSPLNP)' to process the transmitted data. (Make sure single quotes are used)

  NOTE: If this step is omitted, the data will not be processed and the data in the file will be overwritten on the next transmission.

- M+C organizations verify GHP processing of data (10 minutes after execution of 'OG00…' job) via the MCCOY Plan Transfer Tracking Report.

Part Two

- GHP collects enrollment, disenrollments, and correction data and updates individual beneficiary records (During the GHP monthly process).

- GHP computes beneficiary-level payment rates based on updated enrollment, disenrollment and correction data and summarizes these rates at the M+C organization level. This includes any applicable adjustments (During the GHP monthly process).

- GHP creates M+C organization payment validation reports (During the GHP monthly process).

- CMS staff reviews reports and authorizes M+C organization payments for the month.

- APPS (Automated Plan Payment System) transmits M+C organization payment data to OFM (The accounting dept of CMS); Lastly, funds are electronically dispersed to M+C organization banking institutions.

Part Three

- GHP creates the Exception Report which contains transmitted records that failed to process. This report can be located on the MCCOY online system.

- M+C organizations view the Exception Report to identify transactions that require submittal during the next monthly processing cycle.

- GHP creates monthly enrollment and payment reports for each M+C organization.

- M+C organizations view and download reports via GROUCH.

- M+C organizations validate payments at the beneficiary level based on factors (enrollment, disenrollment, applicable health statuses, working aged, etc.) In effect at the time of processing via the Transaction/Reply and Monthly Membership Reports.

- M+C organizations identify errors which require submittal of correction data during the next monthly processing cycle.

EXAMPLE

Due to time frames associated with the monthly enrollment and payment cycle, it is imperative that M+C organizations systems are responsive to specific dates. The following is an example for illustration purposes only. **The specific dates change each month.**

NOVEMBER 2001

NOVEMBER 1: M+C organizations receive payments based on the October 2001 processing cycle.

NOVEMBER 14: The last day that MCCOY will accept enrollment, disenrollments, and correction data for processing in November.

NOVEMBER 15, 16, 19: The MCCOY online system is unavailable; monthly processing occurs.

NOVEMBER 21: The MCCOY Exception List and Exception Detail Reports are available for viewing by the M+C organizations.

NOVEMBER 26: The GROUCH reports (Transaction/Reply, Monthly Membership, etc.) are available for viewing/downloading by the M+C organizations.

DECEMBER 1: M+C organizations receive payments based on the November 2001 processing cycle.

1.7 - Working Aged Cycle

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Working Aged (WA) data is processed on a different cycle than enrollment, disenrollments, and correction data. It involves four CMS systems, and is not limited to a monthly time frame. For more information about the Working Aged process, please refer to our Web site at http://www.cms.hhs.gov/medicare/wafact.htm.

Part One

- M+C organizations transmit WA transactions for their members via online MCCOY, batch files or through a third party vendor in the HUSP record format (see Appendix C for the format). The GHP system acts as a conduit for WA transactions from the M+C organizations to the common working file (CWF).

- M+C organizations (or third party vendors) submitting batch transactions should verify that their WA data has been received via the MCCOY option View WA Transaction. The status should be N (transmission received).

- WA data is collected for preliminary editing by GHP three times each day; 11:00 AM, 4:00 PM, and 10:30 PM (Eastern Time). WA transactions entered through online MCCOY are edited automatically as they are entered.

- M+C organizations can view the results of edited GHP WA transactions via the MCCOY option View Transaction (found under the WA menu) where the status will be either G (ready for transmission to GHI) or U (Unacceptable will not be sent to GHI).

Part Two

- On the second business day of the month, GHP creates a file of WA transactions received throughout the previous month and electronically transmits them to GHI. This WA data is now unavailable for update by the M+C organizations and WA transactions receive status S (transaction has been sent to GHI).

  NOTE: GHI is a contractor that processes your WA transactions.

- GHI edits the WA data; transactions that pass the GHI edits are transmitted to the CWF and transactions that do not pass GHI edits are returned to GHP and receive a status of R (rejected) with SP codes that explain the reason for the rejection.

- M+C organizations can view the results of GHI processing of WA transactions via the MCCOY option View Exceptions: status = R (rejected), or status = P (pending, CWF cannot update at this time, resubmit).

Part Three

- CWF processes the WA transactions received from GHI. Accepted data will update beneficiary information on CWF.

- M+C organizations can view the results of CWF processing of WA data via the MCCOY option View Transaction. If the status = A, CWF accepted the data, but has not posted it to CWF, and if the status = R, CWF rejected the data, and an SP code that explains the reason for the rejection displays.

- CWF transmits WA changes to the EDB (Enrollment Database) which GHP accesses daily to update managed care member information. After GHP receives the WA updates, they are included in the next payment cycle.

- M+C organizations can view/monitor the status of the application of WA updates via the Transaction/Reply and Monthly Membership reports.

  NOTE: It is apparent that, even if WA data passes each systems edits, updating GHP records with M+C organization-submitted WA information can take over a month to accomplish. If the WA data fails edits at any point, this time frame is greatly expanded.